

**UNITED STATES OF AMERICA
COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

FILE NO.
03228-URS

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name and that I verily believe that I am the original, first and sole inventor(if only one name is listed below) or an original, first and joint inventor(if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTIMEDIA ACCESS DEVICE

the specification of which is attached hereto, unless the following box is checked:

was filed on _____ as United States patent application Serial Number _____, or PCT International patent application

No. _____ and was amended on _____ (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) or Provisional Application(s)

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C.119
			YES NO
			YES NO

I hereby claim the benefit under *Title 35, United States Code, Section 120* of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the *first paragraph of Title 35, United States Code, Section 112*. I acknowledge the duty to disclose information which is material to patentability as defined in *Title 37, Code of Federal Regulations, Section 1.56* which became available between the filing date of the prior application and the national or PCT international filing date of this application.

UNITED STATES APPLICATION NUMBER	DATE OF FILING <i>(day, month, year)</i>	STATUS (patented, pending, abandoned)

I hereby appoint the agent(s), whose name(s) and Registration No(s). and address is list below/per attached, as my principal agent(s) with full power of substitution and revocation to prosecute this application, to transact all business in the Patent and Trademark Office connected therewith and to receive all correspondence.

SEND CORRESPONDENCE TO : Jason Z. LIN (Reg. No. 37,492)

Supreme Patent Services

Post Office Box 2339

Saratoga, CA 95070-0339 Fax: (408) 867-7437

Journal of Health Politics, Policy and Law, Vol. 30, No. 4, December 2005
DOI 10.1215/03616878-30-4 © 2005 by The University of Chicago

I hereby declare that all statements made herein of my own knowledge are true and that all statement made on information and belief are believed to be true; and further that these statement were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR Chin-Lung CHEN	INVENTORS SIGNATURE CHEN, CHIN-LUNG	DATE November 3, 2003
RESIDENCE NO. 294, Sec. 1, Ti-Hua Street, Ta-Tung Dist., Taipei, Taiwan, R. O. C.	POST OFFICE ADDRESS	COUNTRY OF CITIZENSHIP Taiwan

No. 294, Sec. 1, Ti-Hua Street, Ta-Tung Dist., Taipei, Taiwan, R.O.C.

FULL NAME OF SECOND JOINT INVENTOR **INVENTORS SIGNATURE** **DATE**

RESIDENCE

POST OFFICE ADDRESS

FULL NAME OF THIRD JOINT INVENTOR _____ **INVENTORS SIGNATURE** _____ **DATE** _____

RESIDENCE

POST OFFICE ADDRESS
